



CONGRESSMAN STEVE SCHIFF  
**PRIVACY RELEASE**

2404 Rayburn House Office Building  
Washington, D.C. 20515

625 Silver Ave. SW, Suite 140  
Albuquerque, NM 87102

202-225-6316  
or 505-766-2538

[www.house.gov/schiff](http://www.house.gov/schiff)

**PLEASE FILL-OUT COMPLETELY**

Due to the enactment of the "Right to Privacy Act", effective September 27, 1975, it is necessary for you to complete and sign this form authorizing me and members of my staff to obtain the information needed to respond to your request for assistance. The information obtained will be only that which is relative to the problem you presented in my office.

Please provide me the information requested below and on page two of this form.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City and State: \_\_\_\_\_ Zip: \_\_\_\_\_

U.S. Congressman Steve Schiff has my permission to make inquiries into my personal records and/or files as necessary to assist me in the matter I have presented in this office.

Signature: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Do you currently have a case pending with this office, or before a local, state, or federal court in regard to this matter?

Have you contacted, or do you plan to contact, any other members of the New Mexico Congressional Delegation regarding this matter?

If so, whose office?

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**CONGRESSMAN STEVE SCHIFF Privacy Release Form (con't)**

Details and outline of the problem:

[illegible]